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Understanding the Mental Health Impacts of Non-Kinship vs. Kinship Placements

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Understanding the Mental Health Impacts of Non-Kinship vs. Kinship Placements

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

In this systematic literature review, the researcher synthesized literature regarding the mental health impacts of non-kinship versus kinship placements on children who are involved with the child welfare system. Using SocINDEX with Full Text, PsychINFO, Social Work Abstracts, Child Development and Adolescent Studies and JSTOR, nine studies met the criteria for the review and were then analyzed. Themes that were identified included: Placement type, PTSD, depression and gender. The studies included in this review identified the mental health impacts on children depending on their placement type. This study gives evidence for the need of more research around this topic.

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Understanding the Impacts of Non-Kinship vs. Kinship Placements

Due to the increasing numbers of children that need out-of-home-care, it is important to understand the mental health impacts the placement may have. According to the Child Welfare Information Gateway (2013), when a child becomes involved with the child welfare system, legal priorities involve both the prevention of removal of a child and family reunification. According to Court Appointed Special Advocates (CASA) (2015), the two priorities are rooted in the 1980 Adoption Assistance and Child Welfare Act and the 1997 Adoption and Safe Families Act and require that “reasonable efforts” be made that no child is placed in foster care who can be protected in his or her home and that if a child is removed, reunification is always attempted. The number of children that are in kinship care is continuously growing, and it is estimated that approximately two million children in our country are being raised by grandparents or other relatives (CASA, 2015).

Background

From the perspective of a child, being removed from home and taken from their parents/guardians can be a traumatic experience in its self, and then to be placed in a temporary shelter, or with non-kin, could only potentially add to the traumatic experience. For this paper, a working definition of kinship, defined by Children Welfare League of America (CWLA) (2016) is, “kinship care is the full-time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment” (CWLA, 2016). In addition, the term “non-kin” will be referring to the placement of a child, with an individual(s), with whom

there is no relative or kinship bond. Research suggests that there are potential mental health impacts on children that are placed with non-kin versus kin, such as anxiety and attachment disorders. There has been a substantial amount of research done on this topic, with different results. In a study conducted by Armstrong, Strozier, Swanke & Yampolskaya (2016), there was attention brought to the idea that many of the children who become involved with the child welfare system have experienced maltreatment, therefore are at a higher risk of mental health issues such as: depression, attachment disorders, low self-esteem, conduct disorders and learning disorders. In addition, research from the same study also suggests that children who are placed with kin have better success since kinship offers a greater family, culture and community emphasis throughout the placement along with a higher chance of being placed with a sibling and continued contact with the biological parents than in a non-kinship placement.

The number of children who are in need of placements continues to increase; therefore, it is important to be aware of the potential impact the placement may have on a child's mental health. In a study that looked at children's unmet mental health needs in both kinship and non-kinship placements, it was suggested that, "Children in kinship care reportedly have better outcomes than their non-kinship foster care peers, however they still have higher rates of emotional and behavioral disturbances than children in the general population" (Smithgall et al., 2013, p.463). Since it has been suggested that a large percent of children that are in foster care may experience mental health needs that go unmet, along with knowing that children in kinship care demonstrate better outcomes than children in non-kinship care, it is important information to consider when working with children, families and agencies that may influence the placement of a child. The purpose of this paper is to create awareness around this topic and to add to the growing amount of research supporting kinship placements for children.

Culture & Racial Disparity

For much of our history, minority children have been excluded from organizations whose services addressed children that were in need. In the 1950s and 1960s, during the civil rights movement, national migration patterns led to the increase in minority children's presence in the historically white child welfare institutions (Hill,2006). As the proportion of minority children increased, it became obvious that children of different races were receiving disparate treatment. Certain ethnic and racial groups, predominantly African American and Native American children, over represent the children that are involved in the child welfare system, when compared with their representation in the general public. This overrepresentation is not specific to one region, rather it is suggestive that it exists at some level, across every locality (Child Welfare Information Gateway, 2011).

According to the U.S. Department of Health and Human Services (DHHS) (2013), the number of children in foster care have declined between the years of 2002 and 2012, from 523,616 to 399,546. Although the numbers declined among non-Hispanic race groups, African American children had the most significant decline by 47.1 percent between 2002 and 2012 and accounted for nearly 74% of the overall decline. Since 2009, Native American children have had the highest rates of representation in foster care (DHHS, 2013). Due to the Adoption and Families Safe Act, which started in 1997, it requires child welfare agencies to report specific information on children in foster care: specific statistics on race, total population, entries in care and exit information are available. In addition, the Adoption and Families Safe Act allows for current statistics on many of the demographics of the children in foster care and helps individuals see the disproportionality that exists.

The Impact of Social Workers

For clinical social workers, working in child protection, it is critical to know the impacts of these placements, as our role, alongside of the kinship worker, may influence the decisions of the placement that is made for the child. In addition, it is important for clinical social workers working with clients in the role of therapy to understand the mental health impacts in regards to assessment and treatment plans for the client. The level of trauma that many of the children have endured impacts their lives in many ways and unless it is identified and dealt with, may continue to impact their lives in negative ways.

Statewide Performance

Although the information in the literature review is not specific to Minnesota, looking closely at the specific statistics in Minnesota allows for a deeper understanding and a local perspective of what placement statistics look like compared to the big picture as a Nation. Currently, in the state of Minnesota, there were 10, 617 children in need of placement, and 5,312 have been placed in relative foster care or relative pre- adoptive homes (MDHS, 2016). As a state, Minnesota is meeting the goal of a 45% of kinship placements rate in kinship foster care & pre-adoptive kinship homes (the actual number is 52% in 2016), however that still leaves a little less than half of the children (5,305) that were not placed with kin and are more vulnerable to the mental health impacts of a non-kinship placement. The Minnesota Department of Human Services further explained that of the families that were identified with having a maltreatment case, many of the underlining factors included: mental health issues, domestic abuse, substance abuse and poverty (MDHS, 2016).

The Legislative Task Force on Child Protection was created in 2015 to improve the state's child protection system to better protect and serve some of the most vulnerable citizens (Legislative Task Force on Child Protection, 2016). With the new required implementations, the guidelines that the screeners use to determine if a case meets the criteria of needing an investigation/assessment is now much broader. This has led to an increase in open child protection cases. This also suggests that there are more children that are in need of emergency and long term placements. In addition to the Task Force on Child Protection, in 2015, the state of Minnesota combined three of its programs (family foster care, kinship assistance and adoption assistance) and created North Star Care for Children, which aims to help children grow up in safe and permanent homes (MHDS, 2016).

States policies and laws have shifted and changed and this has impacted the kinship placement process as well. Minnesota's 2015 Statute 260C.221 Relative Search states that it is the responsibility of the social service agency to notify adult relatives prior to the placing a child or within 30 days after the removal of the child from their parents. It also states that the search includes both maternal and paternal adult relatives, and to consider whom the child considers to be "family" or "important friends", in an age appropriate manner (MDHS, 2016). This may be considered by the state as a way to suggest the importance of a kinship placement over a non-kinship placement.

It is important to have an understanding around the kinship placement process to ensure that we are placing children in the safest and most supportive environments and causing the least harm possible. Given the sense of urgency around the timing in which an emergency placement occurs, it is important to consider all kinship options due to the mental health implications of a non-kinship versus kinship placement.

Methods

This research is a systematic literature review with the purpose of answering the question: what are mental health impacts on a child placed in a non-kinship versus kinship placement?

A systematic literature review is a detailed specific way of gathering research literature, organizing and documenting the findings, while following specific protocols, with the intention and purpose of answering a research question (Booth, 2009). For this study, a kinship placement will be referred to as a placement option with relatives who qualify as foster parents for a child who has entered the child welfare system, and non-kinship placement as a placement option with non- relatives who qualify as foster parents (Stein et al., 2014). The number of times a child had been placed with kinship versus non-kinship may have been a single occurrence or been a reoccurrence. A detailed protocol was followed to identify specific research literature that was used in this literature review.

Search Strategy

To identify the articles that would be used for this study, the searches were done in the electronic databases of PsycINFO (PsycNet), Social Work Abstracts, SocINDEX with Full Text, Child Development and Adolescent Studies and JSTOR. Searches were done using the following combination of search terms: “foster children” or “foster care”, “mental health” OR “emotional adjustment” OR “well-being”, “placement” or “placements” and “kinship” or “kinship care”.

Inclusion Criteria

Articles that were selected for the literature review, met the specific parameters and were applied throughout the search process. The specific criteria that was applied involved using articles published in 2010 or later, both peer reviewed and empirical articles, the search included both qualitative and quantitative studies, reflected both kinship and non-kinship care children and allowed for results that reflected both children that were currently placed and after they had left the placement. The year 2010 allowed for enough research to have been conducted and published and also reflected the most current information available. The research was limited to English-language reports of research and although many articles reporting literature were found in other Countries, this research project included literature from the U.S. only.

Data Abstraction & Analysis

Since the purpose of the study is to identify what the mental health impacts are on children that are placed with non-kinship versus kinship, the articles that were used reflected information that identifies children that were currently in a placement or had previously been in a placement, at the time of the study. The information is organized and analyzed by tracking information on a grid. The information that was identified and tracked on the grid is: which database the article was located, the author(s), the focus or topic (mental health impact), sample sizes and description (type of placement, kin versus non-kin), type of study, and a summary of the findings of each article. The summary of the finding identifies the type of placement and the mental health impact. To obtain enough studies for this systematic review, there was not a limit on the sample size used in the literature or on the type of study (quantitative vs. qualitative).

The information that has been identified and placed in Grid 1, allows for the analysis of the methods and findings. The information is organized within the grid by name, type of study,

objective of the study and the findings of each study. Then, using a highlighting system, the mental health impact and placement type were highlighted accordingly, to identify if there were any patterns, trends or themes that emerged. This also identified if there were any gaps (areas not studied) within the literature.

Of the original 30 articles that were identified as potential literature for this paper, the abstraction process eliminated 21 articles, leaving 9 articles that met the inclusion criteria. Many of the articles were not empirical studies and did not have a focus of mental health impacts that had a relationship to the placement of the child. The titles and abstracts of the articles may have included some of the keywords such as “kinship” or “mental health” or “placement”, however many did not involve literature that was relevant to the mental health aspect and specific placement of the child.

Findings

This section will describe the findings of the 9 articles that were used in the review and will identify and describe themes that emerged from the literature. These studies provided insight into some of the mental health problems that many children in the child welfare struggle with, both before and after a placement has been determined.

Type of Placement

The purpose of this paper was to identify the mental health impacts on children that are placed with non-kinship versus kinship, and the of nine articles that met the criteria to be included in this paper, six of the articles made a comparison and suggestion whether a non-kinship or kinship setting was the recommended placement. It has been suggested that children whom are involved with the child welfare system, have higher rates of mental health problems (Brensilver, Mennen & Trickett, 2010). Despite increasing policy preferences for kinship

placements, it remains unclear whether associations between kinship placements and a child's well-being are attributable to the type of placement or whether its better explained by the caregivers in each placement. Children who screened the highest for mental health problems, were the children whom had been placed in non-kinship care (Heneghan, et al., 2012). The longer a child spends in the child welfare system, the more common it is to experience a mental health problem. Interestingly, in a different study, it was noted that the placement location and a prior history with child welfare were not associated with any specific mental health problem (Fisher et al., 2012). This study goes further to suggest that adolescents who are involved with a child welfare agency, indicate higher rates of mental health problems, regardless of whether the child remains in their biological homes or are placed in out- of-home care (Fisher et al., 2012).

Nationally, over 70% of out-of-home-residency is with kin, although in most cases, this is not the result of child welfare investigation. However, given the shift in policy around kinship searches and placements, in 2015, they were designed to keep children with their own families. Interestingly, not all the researched used in this literature review would support the idea that a kinship placement is the best placement option for children.

Some would question the idea as to why a child would not thrive in a kinship placement, and it has been suggested that kinship providers feel the responsibility to persevere in looking after children, even when their behavior is difficult and disruptive, and that this might be happening at a great emotional and physical cost. The research also suggests that kinship caregivers are less likely to receive services for the vulnerable children in their care, which leads to the suggestion that with the recommendation of a kinship placement, an increase of additional supports for those caregivers should be taken into consideration (Cahalane & Fusco, 2015). Cahalane and Fusco (2015) also found that overall, children in both non-kinship and kinship

placements had similar rates of socioemotional problems.

To further support the idea that kinship placements may not always be the best placement option, it was found that children who spent more time living with kin had worse behavioral outcomes and that the trend showed that the longer time the child spend in a kinship placement, the worst trauma symptomology was shown (Clyman and Taussig, 2010).

Given the research that suggests that the impact on children's mental health either decreases or relatively similar to the children that are placed with kin, Blumkin, Conn, Jee & Szilagyi (2015) reported that it may be due to the factors of stability and professional parenting afforded by foster parents that provides the child with a necessary barrier or shield to recover from the trauma the child previously endured. Following the removal of child, placing the child in a non- kinship placement may provide some children with a sense of safety and security that would reduce high levels of cortisol and improve self-regulatory skills (Blumkin et al., 2015).

While it is understood that a kinship placement may be a more conducive environment for maintaining cultural and familial ties as well having a pre-established bond with the child, Font (2014) suggests that non-kinship foster parents are equally or possibly more successful in fostering the well-being of children in their care. Refer to Table. 1 below for details on the objectives and findings for the nine articles chosen for this literature review.

Table 1. Qualitative Studies on Non -Kinship & Kinship Placements

Author	Objective	Finding
Clyman & Taussig	148 youth, ages 7-12	Greater time with kinship placement predict greater trauma symptomology.
Blumkin, Conn, Jee, Szilagyι & Szilagyι	To compare MH among children involved with CPS who remain in home vs. OOHC	MH outcomes improved with OOHC placement
Cahalane & Fusco	Examined socioemotional problems children in kinship vs non-kinship placements	The increase in policies recommending placement of children with kin should be accompanied with increased supports for those who may be unprepared for caring for young children with socioemotional issues
Brensilver, Mennen & Trickett	To evaluate the MH functioning of maltreated children who remained in home, kin care and non-kin.	MH measures for children who remained in home were no different than for children in kin or non-kin placements. Emphasize MH screening and resources for children and families.
Heneghan, Horwitz, Hurlburt, Landsverk, Rolls-Reutz, Stein & Zhang	To assess the sociodemographic, health & MH in children involved with child welfare and their placements.	Children in kinship placements are less likely to be reported to have mental health problems and children screened positive for MH problems were in non-kinship placements.
Fisher, Heneghan, Horwitz, Hurlburt, Landsverk, Rolls-Reutz, Stein & Zhang	To examine prevalence & correlates of 5 MH problems among 12-17.5-year-old involved with child welfare	Adolescents who present to child welfare indicate high rates of MH problems regardless of placement.
Courtney, Keller & Salazar	To identify prevalence of MH disorders in adolescents involved with child welfare	PTSD is the most common diagnosis. Placement affects gender & race differently The prevalence of MH varies, with lowest rates among youth in kinship care.
Aarons, James, Leslie, Monn, Raghavan & Wells	To examine relations of behavior problems and placements change in youth.	Behavior problems significantly predicted behavior problems & placement changes. Suggest ongoing screening for internalizing & externalizing behavior problems.
Font	To identify effect of placement type on academic achievement, behavior and health.	Results show negative effect of kin placements on reading scores, but kin have no effect on child health. Mixed results on children's behavioral problems.

Post-Traumatic Stress Disorder (PTSD)

It would seem reasonable to assume that children whom are involved with the child welfare system have higher rates of emotional and behavioral issues compared to the children who have not been involved with the child welfare system. One of the most prevalent mental health disorders identified for these children was Post-Traumatic Stress Disorder (PTSD). Many of the children in this study were older adolescents, emancipating from the child welfare system, faced with transitioning into adulthood abruptly, with minimal to no support. It has been suggested that because many of these children have been exposed to familial and environmental conditions that are associated with the development of psychopathology, many of the youth are at a higher risk of psychiatric disorder. Of the children who met the criteria for lifetime criteria for PTSD, 43.6% developed the condition before the placement, and 43.1% developed the condition after the placement (Courtney et al., 2010).

It is important to note that for the cases in the study in which a diagnosis was indicated, information around how recent, the severity and the onset of the symptoms or condition were documented. It is important to understand the nature, severity and prevalence of the mental health diagnosis as it has important implications for these children and how their mental health needs are being met and where they are placed (Courtney et al., 2010). An interesting factor that was considered in the study, was that each state has different policies and laws that govern the way child welfare system operates around mental health issues and how that impacts mental health screening and placements (Courtney et al., 2010).

Depression

The emotional struggles of a child who has been maltreated are extensive. In addition to the maltreatment, the child is then removed from their home and placed with either kin or in an

unfamiliar environment. It then becomes easier to understand the high number of children given a diagnosis of depression. Fisher, Heneghan, Horwitz, Hurlburt, Landsverk, Stein & Zhang (2012) suggest that it is critical to identify and treat adolescences with mental health diagnoses, because data from the Adverse Childhood Experiences (ACE) suggest that childhood abuse and neglect are precursors for adult physical and mental health problems. Fisher et al. (2012) conducted a study of 815 adolescents, with 42.7% reporting at least one mental health problem; 9% of the sample reported a diagnosis of depression.

Courtney, Keller & Salazar et al. (2010) studied a sample of 732 participants, and the prevalence of major depression was estimated at 10.5%. This study concluded that due to the high numbers of children that are involved with the child welfare system, it may be assumed that agencies have a better understanding of the mental health issues that many of the children are experiencing; however, that may not be a fair assumption.

Gender

There are many different factors that need to be considered when looking at the mental health impacts of a kinship versus non- kinship placement and that the impacts may affect the child differently depending on the gender of the child. Courtney et al. (2010) conducted a study which gender was compared, and females had a higher risk compared to males for both PTSD and major depression. According to Aarons, James & Monn (2010), the ways in which males and females internalized and externalized behavior problems and how that predicted placements changes also varied. From baseline to 18 months, externalizing behavior problems at baseline significantly predicted placement changes for both female and males, whereas for internalizing behavior problems was significant for boys. In regards to self-reporting, it was found that females were significantly more likely to self-report feelings of depression than males and the

prevalence of mental health problems was high regardless of whether placement was kinship or non-kinship (Fisher et al., 2012).

Discussion

Throughout this synthesis, we can begin to understand the ways in which children's mental health is impacted due to the type of placement they are placed in. Based on the preponderance of evidence from the nine articles that were used, children that are placed with kin do not have fewer mental health impacts because of their placement. A mental health pre-diagnosis baseline was identified either before the placement as part of a screening process or at the time of the placement, with results suggesting that there was not an increase in children's mental health diagnosis determined at the end of the placement.

We found that more research attention focused on well-being of a child rather than on identifying the specific mental health impacts of the placement type. Despite increasing policy reforms and recommendations it remains unclear whether the associations between kinship placements and child well-being are due to the type of placement, or whether the associations and or impacts are better explained by the characteristics of caregivers in each placement (Font, 2014). It has also been suggested that kin and non-kin have different reasons for fostering; kin foster as a response to a situation and may feel obligated with hopes of preserving the family, and non-kin foster with "child-centered motivation", which would support the idea that a child's well-being is due characteristics of the caregivers in each placement (Font, 2014).

Although policy suggests children have better outcomes when they are raised with their families in a kinship placement, according to the findings of articles used in this review, it is suggested for there to be more research conducted that compares the two placement options and mental health impacts exclusively. Much of the research includes the impact on children's

education, delinquency, sexual risk behaviors and substance use all of which are important, however the exclusivity of the placement and mental health impacts, in of its self, seems appropriate.

Limitations

The major limitation encountered in this systematic review is the small number of articles that were identified. Much of this is due to the range of years selected from 2010-current chosen to keep the research current. In addition, there were limited numbers of articles that made a direct connection between the direct cause of mental health impact due to the placement type. In addition, most of the studies used in this synthesis were conducted before 2015 when the policy changed in MN requiring a kinship search be conducted, which may impact studies that are conducted since the policy was introduced.

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* References marked with an asterisk indicate studies included in the systematic review.